

UNITED STATES BANKRUPTCY COURT

- MIDDLE DISTRICT OF TENNESSEE -

TRANSCRIPT REQUEST FORM

Please complete one form for each trial or hearing, attach payment (search fee only),
and deliver to Clerk's office at: 701 BROADWAY, ROOM 170, NASHVILLE, TN 37203
or file electronically through CM/ECF.

1. NAME OF PARTY REQUESTING TRANSCRIPT		2. DATE OF ORDER	
3. EMAIL ADDRESS		4. PHONE NUMBER	
5. MAILING ADDRESS			
6. CASE NUMBER		7. CASE NAME	8. JUDGE
9. DATE(S) OF HEARING/TRIAL (If hearing/trial was on multiple days, please fill in all days hearing/trial held)			
From _____ to _____			
10. ORDER IS FOR			
APPEAL	BANKRUPTCY	ADVERSARY	
OTHER: _____			
11. PORTIONS REQUESTED (Indicate the portion of the hearing/trial requested)			
Entire Hearing/Trial	Court Ruling Only		
Voir Dire	Testimony of (Specify Name): _____		
Opening Statement (Plaintiff)	_____		
Opening Statement (Defendant)	_____		
Closing Statement (Plaintiff)	_____		
Closing Statement (Defendant)	Other: _____		
12. REQUESTED TURNAROUND TIME			
Daily (24-Hour)	7-Day Expedited		
14-Day Expedited	Standard (30-Day)		
13. NUMBER OF COPIES REQUESTED (Transcript request includes 1 copy for the Court)			
<i>By signing below, I certify that I will pay all charges for the preparation of the transcript, including search fee, deposit, and any additional charges as specified by the assigned transcriptionist.</i>			
_____ Signature of Person Ordering		_____ Date	
FOR COURT USE ONLY		DATE	BY
ORDER RECEIVED BY INTAKE			
SEARCH FEE PAID			
FILE(S) UPLOADED			